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**CONFIRMATION NO. 3315** 

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|---|---------------------------------------|--------------|---------------|------------------------|--------------------|--------------------------------------|-----|----------------|--|
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| APPLICANTS  |                                       |              |               |                        |                    |                                      |     |                |  |
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| "** CONTINUING DATA **********************************  |                                       |              |               |                        |                    |                                      |     |                |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/28/2003                  |                                       |              |               |                        |                    |                                      |     |                |  |
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| wet  Verified and  Acknowledged  Allowance  Allowance  Examiner's Signature  Initials         |                                       | 15/03        | COUNTRY<br>MA | DRAWING<br>41          |                    | CLAIN<br>20                          | /IS | CLAIMS<br>2    |  |
| ADDRESS  David M. Driscoll 1201 Canton Avenue Milton , MA 02186                               |                                       |              |               |                        |                    |                                      |     |                |  |
| TITLE<br>Stabilizer pad for vehicles  |                                       |              |               |                        |                    |                                      |     |                |  |
| otabilizer pad for verile   | ies                                   |              |               |                        |                    |                                      |     |                |  |
|   |                                       |              |               |                        | ☐ All Fees         |                                      |     |                |  |
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